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## BIB DATA SHEET

CONFIRMATION NO. 7290

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/015,868	12/12/2001	606	3739	HOOV 117		
<b>APPLICANTS</b> Michael D. Hooven, Cincinnati, OH; <b>** CONTINUING DATA *****</b> This application is a DIV of 10/038,506 11/09/2001 which is a CIP of 10/032,378 10/26/2001 PAT 6,932,811 which is a CIP of 09/844,225 04/27/2001 PAT 6,517,536 which is a CIP of 09/747,609 12/22/2000 PAT 6,546,935 which claims benefit of 60/200,072 04/27/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/08/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/VICTORIA W CHEN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWINGS</b> 63	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> COOK ALEX LTD SUITE 2850 200 WEST ADAMS STREET CHICAGO, IL 60606 UNITED STATES		<div style="display: flex; justify-content: space-between;"> <span>4 /VWC/</span> <span>1 /VWC/</span> </div>				
<b>TITLE</b> TRANSMURAL ABLATION DEVICE						
<b>FILING FEE RECEIVED</b> 789	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			